under 10



SC Reel Kids Application

License Design Tackle Box Fly Rod





(Circle one)

Waiver

I agree that the State of South Carolina and its agencies, officers, and employees, the South Carolina Department of Natural Resources, and the SC Reel Kids program are not responsible for any personal injury or property damage resulting from participation in the SC Reel Kids program. My signature below certifies that I have read this form carefully and understand the risks associated with the activities of the SC Reel Kids program.

(Please Print)

Yes

No

Parent or Legal Guardian			
Name:			
Signature:			
Date:			
(Pleas	e Print)	I want to be a South Carolina	Reel Kid!
Name:			
Social Security Number*:			
Parent/Guardian Name:			
Birthdate: (month/day/year)			
Street Address:			
City, State, Zip:			
Telephone:			
School:			
E-mail:			
Yes I	No	I have been fishing before.	How did you hear about the SC Reel Kid program?
Yes I	No	I go fishing with my family.	□ a Newspaper; if so, which one
#		I have been fishing this many times in the	□ a Magazine; if so, which one
		past 12 months.	☐ the screelkids.dnr.sc.gov website
Yes I	No	My dad goes fishing.	□ a DNR Employee
Yes I	No	My mom goes fishing.	□ an Event; if so, which one

□ Other

I have completed a boating safety course.

^{*}We will be following your child's progress and sending information to you throughout the year. In order to do this, we do request that your child's Social Security number and birth date be on the application. This information will be confidential but is necessary since addresses and names can change. Thank you for your cooperation.